



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BRAZOS ANESTHESIOLOGY ASSOCIATES
1737 BRIARCREST SUITE 14
BRYAN TX 77802

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-12-0101-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary Taken From Reconsideration Letter Dated June 30, 2011: "Please be advised that this letter is to request a final resolution of the claim for the services in question. It appears that you organization has had the attached completed claim pending in your system for 45 or more calendar days. All date elements required by The Texas Workers' Compensation Commission Rules were present on the claim when submitted to your organization for processing."

Amount in Dispute: \$1,070.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Provider did not timely file their billing per the rules therefore is not entitled to reimbursement."

Response Submitted by: Gallagher Bassett Services, Inc. 6404 International Parkway P, Plano, TX 75093

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 5, 2011	CPT Code 01400-AA x 53 Units	\$800.00	\$410.69
January 5, 2011	CPT Code 64450-59	\$270.00	\$158.71
TOTAL		\$1,070.00	\$569.40

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of professional medical services provided on or after March 1, 2008.
7. The services in dispute were reduced/denied by the respondent with the following reason code:

Explanation of benefits dated August 23, 2011

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.

Issues

1. Did any of the exceptions listed in Texas Labor Code §408.0272 apply to the medical services in dispute?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, "Except as provided in Texas Labor Code §408.0272, a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." 28 Texas Administrative Code §408.0272(b)(1)(C) states, in pertinent part, "Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim." The requestor states, "The claim was faxed on 01/24/11 to JI Specialty Service please see faxed transaction report. On 04/07/11 I called JI Specialty Specialty [sic] Services to check W/C claim status; I was informed that...W/C claim should be bill to Gallagher Bassett. St. Joseph Regional Health Center provided our office with the incorrect W/C mailing address and fax number, please see admission/registration record sheet. I am mailing Gallagher Bassett the claim today." JI Specialty Services meets the definition of one of the entities described in Texas Labor Code §408.0272(b)(1)(C). Therefore, the requestor submitted documentation to sufficiently support that the exception described in Texas Labor Code §408.0272(b)(1)(C) applies to the services in dispute.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the documentation submitted by the requestor finds facsimile confirmation that the original bill was sent to JI Specialty Services on January 24, 2011. Further review of the documentation submitted by the requestor finds requestor received correct insurance carrier information on April 7, 2011 and subsequently billed the correct insurance carrier, Gallagher Bassett Services on that date. Per 28 Texas Administrative Code §102.4(h), documentation submitted by the requestor in this medical fee dispute sufficiently supports that a medical bill was submitted for payment to the insurance carrier within 95 days after the date on which the requestor received correct insurance carrier information. Review of the requestor's submitted documentation finds one copy of the medical bill with printed date January 24, 2011, one explanation of benefits dated, August 23, 2011, a copy of an activity log and a copy of a facsimile confirmation page dated January 24, 2011

indicating initial bill submitted to incorrect insurance carrier, JI Specialty Services. Review of the submitted documentation finds that the requestor in this medical fee dispute has timely filed the medical bills with the insurance carrier in accordance with Texas Labor Code §408.0272. The respondent's denial reasons are not supported. The disputed services will therefore be reviewed per the applicable Division rules and fee guidelines.

3. 28 Texas Administrative Code §134.203 (c)(1) states, in pertinent part, that "to determine the MAR (maximum allowable reimbursement) for professional services, system participants shall apply the Medicare payment policies with minimal modifications; For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery, when performed in an office setting, the established conversion factor to be applied is \$52.83; this conversion factor changed to \$54.54 for services provided in the calendar year of 2011. The allowance for anesthesia services is based on the following formula: Time Units + Base Units x Conversion Factor = Allowance.

A review of the CMS 1500 form identifies that CPT code 01400-AA was billed with a total number units of '53'. It is identified that the anesthesia time started at 7:18 and ended at 8:11 (53 minutes). In accordance with Rule 134.203, anesthesia base unit values have been assigned to each anesthesia procedure code and reflect the difficulty of the anesthesia services, including the usual pre-operative and post-operative care and evaluation. The base unit is used to determine a portion of the reimbursement amount of the anesthesia procedure. The 15 minute time interval will be divided into the total time indicated on the claim. Total time should always be accurately reported in minutes. Actual time units will be paid; no rounding will be done up to the next whole number – only round to the next tenth. In accordance with 28 Texas Administrative Code §134.203, reimbursement is recommended as follows:

CPT Code 01400-AA (x 53 units): 53 minutes divided by 15 = 3.53 (time units) + 4 (based units) = 7.53 x \$54.54 (conversion factor) = \$410.69.

CPT Code 64450-59: \$54.54 WC CF/33.9764 Medicare CF x \$98.87 Participating Amount = \$158.71

The total MAR for CPT code 00140-AA (x 53 units) and CPT code 64450-59 billed January 5, 2011 is \$569.40. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$569.40.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$569.40 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	February 17, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

